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INDICATION FORM**

Application Number	10/579,536
Filing Date	5/16/2006
First Named Inventor	Marioni
Title	Free Space Optical ...
Art Unit	n/a
Examiner Name	n/a
Attorney Docket Number	HAUM001 UPTUS

I hereby revoke all previous powers of attorney given in the above-identified application.

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☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Nat Ceglie</i>	Date	12/3/09
Name	NAT CEGLIO	Telephone	
Title and Company	CHIEF TECHNICAL OFFICER, MEDIA LARIO, SRL		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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